

460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Daim Queen Establishment address Owner Purpose: Follow-up Release Date							
Puppose: Redease Date					Telephone Number	Date of Inspection	ID#
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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

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460 N. MORTON ST. STE A FRANKLIN, IN 46131

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NARRATIVE REPORT

Establish	ment N	14		Inspection Date
Section#	C/NC	R	REMARKS 46131	TO BE CORRECTED BY
255	NC		ambient air thermometers	11/26/22
			not seen in two basement	/ /
		(thest freezew	
	NC	\	Dumpeter lid open	11/29/22
	UC .	7	Dumpster not on pavement/concrete	5/20/23
431	NC	V	Kitchen exhaust fectors rivere	11/26/22
399	215	/	Soiled tilla market	12/1/22
399	NC		in chest, freezen area	12/1/22
227	NC	V	Bar coolers not easily movable	112/1/22
430	NC	1	DENSTONION ruser ret lid	12/20/22
			not fully covered with correct	
			lid 0	
		V (
11.70	9.0	1	pet continuously leaks	1 1
413	NC	V	East doors are not tight-fitting	12/1/22
210	1.1.4	V	to the exterior	12/1/22
221	NC		Kitchen hand sink cracked	12/1/22
216	NC	. /	Holiday Chest freezer led is	12/1/27
	NC		cracked george	12/1/22
324	NC		Hot water was 132°F in mens	11/25/22
			Nestroom and 131°F, in women's	777
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			11.0.1//	
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	/	1	Dest management!	
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460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Establishment Samtauon Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.										
Establishmer	nt name		0,	DU		Telephone Numb	per	Date of Insp	ection	ID#
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Certified foo	d handle	r I	lelaa	do (EXP: 3/24	127			12	3	4 V 5
• CRITICAL I	TEMS A	RE ID	ENTIFIED II	N THE CHECKLIST AND NA	ARRATIVE	COLUMNS MARKED "C'	"			
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NARRATIVE REPORT Greenwood

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218	1.10	1	Large warmen to believe	11/28/22
210	NC	14		
	-	├─┤	missing the left temporature	P
		Ļ	control knob	
		ot	2) True one door frieszer	11/21/22
			interior fan is froze up	, ,
			(Mot turning) and unit	
			is about +36°F.°	<u> </u>
430	NC		Exterior shed storing.	12/2/22
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2111	1.16	\vdash	a dandaged beating more extenio	
346	NC	┾	10 stap available at	Corrected
- 6	ļ.,,	igsqcup	par and East leitenen hand Sinks	
218	NC		Paper touch were used	12/1/22
		Ш	as sink drain Stoppers at	
			two lay Sink	
234	NC		Bar 14 Stops handle was	Corrected
			touching the ice	1
174	NC	П	Bulk boods not labeled.	11/21/22
* / /			in man Damon	
462	NC	\vdash	Cove lase losse/missing	12/122
702	NC.	H		1/2-
		Н	in preprison and back alley	
210	010	├─┤	51.55 do 11.100 00 10 400	12 /2/2
218	NC	┾╌┤	Suro water seam ton	12/31/22
1111		₩	op copies under flat top grill	1
411	NC	₩	Two bulbs missing in	11/22/22
000		┯	gue une exhaust in bod	
295	NC	ЦÜ	valed envies were on	Corrected
			prep room wall magnet	
			2 Manual can opener blade	
			is sailed	4
218	NC	П	Bottom) shell of mep table in	12/31/22
. /	<u> </u>		men room is relater	replace
Received B	y (Name	₹T	itle) Jnspected By (Name & Title)	,
Received B			itle) Inspected By (Name & Title) Charles Title) EHS	Page



460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736, 5264

Page 1 of

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correcti	ion of each violation is specified	n the narrative portion	of this report.
Establishment name	Telephone Number	Date of Inspection	(ID# 632
Fazolis Greenwood	() Establishment	11/1/2	Hotel
Establishment address 11.05 May 1.00 0 Mg Da IN 46/42	() Owner	11/1/20	143
1695 Meridian Oaks Dr. IN 46/42	Purpose:	Follow-up Release	e/Date/
Owner	1. Routine	1/es 11/	111/23
(monate.	2. Follow-up	Summary of Violati	ions:
Owner address	3. Complaint	1/	
(ex	4. Pre-Operational		à
Person in charge	5. Temporary	C O NC	$4_{\rm R}$
Storen aumbert	6. HACCP	10.77 70 10 10 10	Jan
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
&NOUTE AIR	Partition in the state of the s	part molgarina.	,
Centified food handler 53127		1 2 3 V	4 5
Stellen hamber ()	1		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIV			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	
Section # C/NC R	Narrative	,	To Be Corrected by
295 NC VOEX terror top o	7 aish Maci	une	11/5/22
VE Pinga MAN) ON	on publish	hand	
Ve Pursa oven al	la extansi	NLOCA	78,117.11
Value + or	De 100 mak	200110	
Soulied	of the make		
VA BRILL ICO, SC	on holden	is 8000 00	L. Correct
V (5) TUNEODY CANTONN	on confin	0	11/11/22
equipment are	Soiled	J	1
431 NC VOWall above 3	3 Day Sink 1	s soiled	11/11/22
2 Jelon Soiled	under drive	-up	1
window ice !	our and L	inder	restance of the
Dasta Cooker	0 1 1	12 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
218 NC Ol Door handle/		se on	11/3/22
not box granale			111/1-
Charles at the	duy easker	s are	11/12/22
B DOALD DONE OF	l Danta Cou	Mnv	
413 NC BACK ADON hAS	Polition poen in	no at the	hottor
Received by (name and title printed):		d by (name and title printed)	:
Steven Lambert GM	Ar	dvew Mill	er FHS
Received by (signature):	Igspecte	d by (signature):	(1)
11/00	1()M	arew YYVI	Wes
сс: сс:	сс:		



460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Page 1 of

Establishment name FIELD TO FORK Establishment address W JEFFECON ST. FANKLIN, D. Owner C Amp Bell Owner address Person in charge M ATT LAWVER Responsible person's email	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 11/15/22 Follow-up Release 1//2 Summary of Violation CNC	Date 25 22 ons:
Contified food handler	stima sinte	(A)	28/3
Certified food handler CR (CAMPBOLL		1	4)5
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE		THE NARRATINE DELOWACE	""
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE Section # C/NC R	Varrative	The Review Committee Commi	To Be Corrected by
	T NOT WORN		11/16/22
Employee DN K		er aer to grithmid	
POID E CHLOCTUP SANTITZ ON DISHWARD AFTER RINSE 256 NC > THERMOMETERS CONSPICUOUSLY L PLERTISE HORT AREA AND FRONT AREA	NOT SEEN OF OCATED AN S NOCTER IN BA	EVERAL TEX AREA	citeck* / 11/16
218 NC = FRONT ANCH VI Egg REFIFER AFOR SPLAT	CIGHT 2 DOOR	mFLK/ worn/	12/15
Received by (name and title printed):	Inspected	by (name and title printed):	-0_
Matt Lamver Butcher	(A)	of SMITH	815
Received by (name and title printed): Matt Lawyer Butcher Received by (signature): CC: CC: CC:	Inspected cc:	d by (signature)	Organiza de "g



460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishmer	nt name		short such a selection of the base of our	Telephone Number	Date of Inspection	ID#
FRANKLIN SKATE CLUB			IN SKATE CLUB	() Establishment	11/22/22	119
Establishmen	nt addres	s)	moston FIRMKLIN, IN	() Owner		
The second second	30 10		10) 1010 FIRMKILL, IN	Purpose:	Follow-up Releas	e Date
Owner			2	Routine		
	The second live of	1 Lt	-21 itms	2. Follow-up	Summary of Violat	ions:
Owner addre	ess			3. Complaint		
				4. Pre-Operational	1	1
Person in ch	arge	1	1- 0. M	5. Temporary	C_ONC_	R
	-	-	LI CLAY	6. HACCP	H f 10 n = =	
Responsible	person's	email	eften from igg and filler f	7. Other (list)	Menu Type (See l	back of page)
Certified foo	d handle	r	3 910) 210			
	- Thirties		WICKY CL	AY	123	45
• CRITICAL I	ITEMS AF	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"		
			ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW	
Section #	-	R		Narrative		To Be Corrected by
399	NC		RESTRUOM CETLING	THUS NOT S	MOO 8 H	4/23
	ougony.	p = 1 (1)			11 1 hart II 20001	Section 1971
			1-12(1-1) EB-13-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		The state of the second of	YED LOOK
-						
						-
		1. 10 10	nuiturijai la vama maa sa shara s			- Victoria de la colo
	2-477 57-415		<u>wali, book kunya, waxiltoozanood, ca panii</u>			101
		112111				Gaensan
Received by	(name and	title 1	brinted):	Inspecte	ed by (name and title printed):
V	ICK	1	S CLAY-	i	Bob Smil	H END
Received by	(signature)	; -	l an	Inspecte	ed by (signature):	Dubig
7	Ich	e.	S. Clay		Bil Sme	
cc:			сс:	cc:		
						Page 1 of



460 N. MORTON ST. STE A FRANKLIN, IN 46131

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			1					I	
Establishme	nt name		_	0 1 1	Telephone Number	1	Date of Insp	ection	ID#
TYPO	lays		TNOZEV		() Establishmen	nt	11/15	/22	2393
Establishme				A Franklin, IN	() Owner		. // 10	/	2515
2306	N.	M	orton.	7 46131	Purpose:		Follow-up	Release	Date /
Owner	1			hadred annual and the state of	1. Routine		Yes	17	25/22
M	EN	1 (ustar	d LLC	2. Follow-up	1	Summary o		
Owner addr	ess				3. Complaint	l			
					4. Pre-Operationa	1 I			
Person in ch	arge				5. Temporary		c_1	NC /	7 R
1	an	1/	ubber		6. HACCP		<u> </u>	110	ol.
					7. Other (list)		Menu Tyr	e (See ho	ack of page)
	1			/ Sew Safe Exp.	7. Other (1131)	- 1	Mena Typ	oe foce ou	ick of pages
Certified foo	od handle	r/ 1				_	1 2	3	4 5
Long	an N	lub	ben	10/1/23			1		
· CRITICAL				THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
			ROM PREVIO	US INSPECTIONS ARE DENOTED IN TH		" AND IN T	HE NARRATIVE		
Section #	C/NC	R			Narrative				To Be Corrected by
385	NC		na	sh dumpster	led was	0/1/	unit	_	11/25/22
388	NC		Lu	noster pad	area con	real	nea		11/15/22
1101			tra	sh, cardivara	workes, a	elin	s etc	- W. A	1 1
431	NC		All	oor, walls	ceiling air	res	turns		11/25/22
205	110		soul	ed througho	ut facil	ity			1
295	NC		Cel	an elexan	pans u	rere			11/15/22
218	NC		fre	ant souls	1000 000	Pan	10.00	1110	1/-
210	100		1111	ta pup one	unit local	21	aryp	ing	11/25/22
		-	to	lat top grill	ou ma		mex!		
187	C		A	rai rop guel	e measur	200	179°F	•	Corrected
10.1			IMI	ide warmer	unit ne			7	LOTYECIEN
	*		Pri	warmer	mu mu	7,	100	- 1	and the second
218	NC		0 80	arious shell	lung unio	to	nside	,	11/25/22
10			wa	ek-in-cooler	1 Theore	1 21	nito		
			not	level low a	to other	non	ind.	eto	+
295	NC		Wa	ek-ih-cooler	fan 0	qua	rds)		11/25/22
			soil	ed and green		Ina	insie	de	1 1
	1			are soiled		7			T
Received by					I	nspected b	oy (name and ti		
10gan	Will		1			Andr		ler, E	HS
Received by (signature):					I	nspected b	oy (signature):	0.0	
Togan	Mul	R	n			STREET, SQUARE, SQUARE	hew M	iller	
cc: U				cc:		cc:			
I				I					



460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishme	nt address 789 Ress arge person's	VB CVB	US31 WHITEHOD, IN EN PEREZ	Telephone Number () Establishment () Owner Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection 11 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	e Pate //2/22 ions:
	ſ	8	RAZHEL PEREZ			3
			ENTIFIED IN THE CHECKLIST AND NARRATIVE ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
324	wc	8	HANDSINKS S	ERCATURE AT RE	ostroom	11/4/22
	nium	14		prof not At	- 100°F ~	Vigar E. E. E.
77713	Listin II.	71(14)	120°F	Fig. (c) Disk or construction of the	TOTAL CONTRACTOR	
351	Ne	29	CONTRAMER WOR	ted for wi	75 Pe	11/2-122
<i>395</i>	MC	2	TOP OF DEEP F	RYORS NOT	CLOAN	10/6
Received to	(mame an	d title p	printed):	Inspected	Boo Sml	THEB
Received by	(signature	9):	Dearl	Inspected	d by (signature):	P
cc	was		сс:	cc:		



460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishme	nt name			Telephone Number	Date of Inspection	ID#
		The second second	T FACTURY ENWIS	() Establishment	111 - 15	2 2156
Establishme			2.4.2.25	() Owner	1111510	4/20
101	E	(NAYNEST PRAKLINION		Follow-up Relea	se Date
Owner				1. Routine		1/25/27
Ber	15/9	7564		2. Follow-up	Summary of Viola	tions:
Owner addr	ess			3. Complaint		
				4. Pre-Operational		_
Person in ch	narge		H BILL I ASSOCIATED THE WORLD	5. Temporary	C_O_NC_	OR
	199	W	MIKLOS	6. HACCP	La La pitellana e di	zabolaci.
Responsible	person's	email	ivius le consignazion Capagain resistente de la la	7. Other (list)	Menu Type (See	back of page)
					contract minus	
Certified foo		er V	m 1K405		13	(4/A)3
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
 VIOLATION 	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		IN THE NARRATIVE BELOW	
Section #		100		Varrative		To Be Corrected by
239	NC	D	FRONT BAR -	SINGLE SEL		11/18/22
100 100	HTEGOTG	1000	CONTRETIERS NOT	Stored of	FLOOK	A POLICE TO A POLI
347	No		MINTONIM OF	uple nor	ponusdad	11/17
341	100	Z	STS POSTABLE TO	The machan	ICAZ	11/1/
			DISTINACITAD AS	ER		
		1000000				
239	NC	~	desHRACKS NO.	T STORDS OF	FROOR 7	11/18
			MINIMUM OF 6		KITITHEN	
			AMEA, FRONT BA	R ATER		
396	- 00	1	MRS DOORS NI DH	PN PRISTROOM	-70/A-DO	1117
370	wc	\vdash	CONTAINER FULL	1 restrons	10101	11111
392	NC	-	- 1 - 1	CR LID NOT	closed	11117
394	WC		some TTASH on gro	und Instite	anciosuro	
	-	\perp				
Received by	(11 - 111 - 111	d title	wint di	Inche	cted by (name and title printe	<u> </u>
Mecelved by	(name an		Milelos		Bob Sm/11	
Received by	(signature	e):		Inspe	cted by (signature):	A)
cc:		7	CC	cc:		
						Page 1 of



460 N. MORTON ST. STE AV

Office 317-346-4365 Fax 317-736-5264

Establishme	nt name			Telephone Number	Date of Inspection	ID#		
Get Go				() Establishment	11/21/22	2320		
Establishme	nt addres	S		() Owner	1421122			
213:	2 45	31	Greenwood IN	Purpose:	Follow-up Release	ollow-up Release Date		
Owner				1. Routine	12,	11/22		
				2. Follow-up	Summary of Violations:			
Owner addr	ess			3. Complaint				
				4. Pre-Operational				
Person in ch	arge			5. Temporary	c_0_Nc_5_R			
				6. HACCP				
Responsible	person's	email	2 1	7. Other (list)	Menu Type (See back of page)			
				()		71 87		
Certified foo		r	,		1 2 X 3	4 5		
	chris	Pe	prd					
			NTIFIED IN THE CHECKLIST AND NARRA					
			OM PREVIOUS INSPECTIONS ARE DENOTED IN		IN THE NARRATIVE BELOW			
Section #	C/NC	R		Narrative	7	To Be Corrected by		
295	NC		seif- serve r	nicro-wave is	Soi led	11/21/22		
295	Mr		The toilet in	. The men's roc	om is	11/21/22		
431	.10		soiled. The Floor dra	in in the same	wich	11/30/22		
, 51	NC		The floor dra Shup is disty			11/30/22		
295	NC		The Mop si	NIL is soiled.	204 1111	11/30/22		
242	NO		The more	12 2011201		11/ 50/ 20		
345	NL		Hand SINIC -13	soiled in the	e	11/22/22		
			sand wich shop	- No towel	3			
	all.							
						and d		
	-							
	-					177		
	-					 		
						-		
Received by	(name and	l title pri	nted):	Inspec	ted by (name and title printed			
1	Dr.	(est nutt	h	Terry D B.	ayless /		
Received by	(signature):		Inspec	ted by (signatylre):	77		
X	0	45	~~		Juny D	Burns		
cc:)	cc:	cc:	, /			
1			1					



460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme		al net wolf and a story of the	Telephone Number	Date of Inspection	ID#
Carl	day	Carrol	() Establishment	To I among the same of the	10-70-
Establishme	ent address	5	() Owner	11/9/72	(5 15.
1100	nn	dua De 116147	Purpose:	Follow-up Releas	e Date
Owner	110	THE STOLLE	Routine	Ves III	9127
			2. Follow-up	Summary of Violat	ions:
Owner add	ress		3. Complaint		1
			1	.520	
Person in c	haraa		4. Pre-Operational	c_Z_Nc_	7
i cison in c	naige		5. Temporary	CNC_	<u>/R</u>
Responsible	e person's	email	6. HACCP	Many Type (Cas I	agah of page)
Responsible	e person's	cinali yesa garan ana ana ana ana ana ana ana ana ana	7. Other (list)	Menu Type (See l	back of page)
Certified fo	od handler	(e ×0		1 2 3	1 X =
209	NIA	Weather Del (7/2)	127)	123	4_/_5
• CRITICAL	. ITEMS AR	E IDENTIFIED IN THE CHECKLIST AND NARRAT	TIVE COLUMNS MARKED "C"		
	THE RESERVE AND ADDRESS OF THE PARTY OF THE	TED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		THE NARRATIVE BELOW	
Section #	C/NC	R	Narrative		To Be Corrected by
193	C.	Time used as	a Public He	alth	Print machi
	1 1 1 1 1 1 1	Control for sa	lad bar pro	ucts	needs
	- 1-01	(i.e. printed Stu	Kers) allowed	L flue	upaatla
		yours wa me	uthe max	injun	Corrected
187	-	of four hours	ind changlati	1 (0	Corrected
101		CONANDIAN	To Allia m	ochines	corrected
		MORANIUS 430	D 70 460 F	and and	1
431	NC	Floor Soiled	linden Mil	ed Statio	N. 11/10/22
	100	not lea of col	d ligh Me	at rigon	h2/1/
		cooler, and ce	illing in col	a low/	
وفروشي	10/24/2011	prep area	0	00/	Layerdy 1
218	NC	DEntree one do	on cooler for	in blad	11/9/22
		acea over		011111	1111
		3 Produce wal	Je-yn- Coolen	austal	11/15/22
		Chandle stoppe	plan motal	Shelix	100 12/2/2
	-	Oll Attal	con metal	Mulli	142/12
		(a) ment room	codon don	Send to	onn I
Received by	y (name and	title printed):	Laspecte	d by (name and title printed): / N/40
X	20901	Thomas	Las las	SI Hall /Amay	ew Miller, EH
Received by			Inspecte	d by (signature):	160000000000000000000000000000000000000
	1	}	I (ad)	HUM IUM	View Miller
cc:		ce:	cc:		
					Dage 1 - C 1
					Page 1 of

NARRATIVE REPORT

			e Address		
Establish	Inspect	ion Date			
Gold	es	(orral 1/60 Marlin Vr. 4/6142	11/4/	7-
Section#	C/NC	R	REMARKS		BE CTED BY
324	N		Observed a leak at the Ecolah are	11/1/6	122
			Connection in dishacea.		
324	NC		Observed a leak of the pipe connection		
			under the dish machine		
411	NC		One light out above grill	11/1/1/	22
295	NC		Interior of 10 mounted is soiled	11/16/	72
295	NC	X	Interior of dessert Cabinuts one Soiled.		22
295	MC		Side of tryer is soiled.	11/6/	7.7
795	NC		hood about type is soiled	11/6/	1,2
295	2c		Strely racks inside Stand up Coolin	11/11/	27
234	N		order from trier is Soiled.	Carac	LON
254	Inc		Observed aspoon stored inside product	Correc	ity.
	(pro		Dithouthing odle Up. Discruldaice Scoop Stored in 10 bin Without		
431	AC		the hondle up.		
3801	NE		are toilet in Tumen's restroom is soiled.	11/9/2	7
324	NC		Hot water at woman's restroom hundsink	11/1/07	27
	1		1200 Observed Ott. (55°?	1	
			5 Should be, 100°F to 170°F		
			Note: Me mad Soap dispenser in		
			Liken's restroom not working.		
			Note: Dish machine final river is ok		
			Of time of inspection.	, -	-
399	NC		Shout work needed under	11/25	5/22
			salad station area and floor	/	ľ
			under hot leg of cold bar not		
1/20	10		smooth and lastly cleanable		1
190	NC		Previously cooked Bourbon Chicken	Corr	ected
		-	cooling unside produce cooler was		
136	A10		O Froot redal at hind sink in meat room	OHL	nut Co
1.50	NC	-	3 North Side Moduce cooler door thrus	hold	nut (6) 11/25/2
			loose and ment room don thresho	0	toun)
		(3) Ment noon exit door rubs the		5/22
			door hame and dish room exit as		1
4. 2			lettem area rusted and worn		1
413	NC		Mest noom exit door not seal	na 11	125/22
			at interior lower left corner	0	11
Received By	(Name	& Ti	Inspected By (Name & Title)	Page 7	of 2
			(Da Jak Andrew II liller		



460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishment name	Telephone Number	Date of Inspection ID#		
Gordon Food Servi	() Establishment	11/2/22/11/0		
Establishment address	() Owner	1116/66/048		
790 115 31 N. Greeni	NCO Purpose:	Follow-up Release Date		
Owner	1. Routine	<u> </u>		
	2. Follow-up	Summary of Violations:		
Owner address	3. Complaint	,		
Owner address	•			
	4. Pre-Operational	C NC R		
Person in charge	5. Temporary	C X NC R R		
Datagen 1 0034 1 1 1 1 1 1 10	6. HACCP	Land Company of the C		
Responsible person's email	7. Other (list)	Menu Type (See back of page)		
d= 40 again 81	a a Correlated termination of	a sampala pentiti a Berlan 19		
Certified food handler		12345		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST A				
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE I				
Section # C/NC R	Narrative	To Be Corrected by		
218 NC Walkin freez	er (back storage ro	0M) 000/		
905Ket 13 S)	IH/WORN.	200121001210		
the first production of the first production of the first		1 1010100 1123 112 112		
NOTE: BOTY	1 175+ 100m Ceili	NO VEY TO		
I reed crewned	The Clark AC 1000	27/2 1/2		
NOTE & IVING	Id Shit It VE			
alsolay cool	er with the norm	3) red		
Cremes.				
a seemal in the fiscal area from the property of				
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
		300000000000000000000000000000000000000		
Received by (name and title printed):	Inspe	cted by (name and title printed):		
*	16-12	1(155) HUI MEI MANUEL		
Received by (signature):	Inspe	cted by (signature):		
* Erik Llamas		LAN JOHN		
сс: сс:	cc:			
		Page 1 of		



460 N. MORTON ST. STE A FRANKLIN, IN 46131

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Establishme SYANG Establishme	nt name	KI	Heminy Care Ite Rd 13 S	Telephone Number () Establishment () Owner Purpose: 1. Routine	Date of Inspection 1 23 2 2 Follow-up Release 12	1D# 2307 e Date	
Owner addre	arge person's			2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C NC Z R Menu Type (See back of page) 1 2		
			ENTIFIED IN THE CHECKLIST AND NAP	RRATIVE COLUMNS MARKED "C" D IN THE "SUMMARY OF VIOLATIONS" AND IN	N THE NARRATIVE BELOW	AS "R"	
Section #	C/NC	R		Narrative		To Be Corrected by	
342	NC		No hot water dete	ected at handsine	.on	11/28/27	
324	SA		3 hay sink drain	back up and overs	76W 5	11/30/22	
Received by Received by cc:	150 l	Q :	printed): Zemola cc:		ed by (name and title printed MACLE M. We ed by (signature): MACLE M. We Mac	D: Ex	



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Owner Owner addre	nt addres	ss	PIZZA & TORPP ROOM ROSON ST. FRANKLAN, IN	Telephone Number () Establishmen () Owner Purpose 1 Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Follow-up Release Date 126 Summary of Violations:			
Person in ch Responsible	ATT	-	DOAN	5. Temporary6. HACCP7. Other (list)	a conta	Menu Type (See back of page)		
Certified foo	od handle	er	TAPP	And the control of	123_	5		
			ENTIFIED IN THE CHECKLIST AND NARRATIVI FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI		AND IN THE NARRATIVE BELOW A			
Section #	C/NC				WAZK-DN	To Be Corrected by		
399	NC		FLOOR WORN IN AN	ITZHEN,	12/30			
218	NC	0	SHELVING NOT CLE	EN ON SME 9CASS FRONT	TIL FREIZER	12/16		
256	NC		SIMPLE PRESERVER, IT	KARHEN	LIARGE UPCIGHT	ferom con I -		
Received by			printal DOAN	I	nspected by (name and title printed) Bob for the printed of the p			
						Page 1 of		



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			1				T	or one or possible	
Establishme	nt name	11	(Telephone Number	Date of In	rspection	ID#	
Stree	n	Di	nger	<u> </u>	(317) 743 828	8 11/3	0/22	2/23	
Establishme	nt addres		0	1111 01	() Owner	1/ 3	0,00	0/20	
1615	W.	1	nith	Valley Kd	Purpose:	Follow-u	p Release	Date /	
Owner			0,	1 SHE EI	1 Routine	Ves	12/	10/22	
10le	na	1	Tin)		2. Follow-up	Symmar	y of Violatio	ons:	
Owner addr	ess				3. Complaint	0	U		
			-		4. Pre-Operational			_	
Person in ch	arae					1, 2	$_{\rm C}$ $_{\rm NC}$ $_{\rm NC}$ $_{\rm R}$		
100	arge		P.,	1	5. Temporary	10_01	C_Ø_NCR		
Pagpagible	na	6	w	(3 C)	6. HACCP	1	(0, 1	1 6 1	
Responsible	ř.		1	Sen Sate	7. Other (list)	Menu I	Type (See ba	ick of page)	
Certified for	d handle	r	Lin	1 3/25/27		12	12345		
• CRITICAL	- 11	RE ID	ENTIFIED IN	N THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"				
• VIOLATION	(S) REPEA	TED F	ROM PREVIOU	US INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS"	AND IN THE NARRAT	TIVE BELOW AS	"R"	
Section #	C/NC	R			Narrative			To Be Corrected by	
303	C		mec	chanical dish	machine mi	et Sanite	sina	Called for	
			emme	diately after cl	earing and		00	emergy.	
324	NC	1,427 %	the	top vacuum	breaker le	aks	- 12-12	repair	
187	C		The	following is	rternal produ	cttemp	eratur	2 11/30/22	
			were	measured in	side the re	alk-in-	cooler	Please	
		1	Crear	w Cheese 43°F, &	Bean Sprou	ts 430F		Monitor	
218	NC	0	teft	door seal too	n on Spar	tan Fire	ezer,	1/29/22	
			Sush	i prep table	door seals	and.	0)	1	
			kitch	en prep table	e door seals	are to	2n		
		2	wal	k-in-cooler s	helving is	rusty.		2 1 ,	
234	NC		Spoo	n for white	ruce sto	red in	′	Corrected	
100	.10		cont	uner of wat	ec	- 0			
/ 97	NC	ja ji	crae	I meat than	vergena p	in of		Corrected	
43/	NC		Sugge	unt water	unt hand	1 = 100 /		12/15/22	
73/	NC	-	2)	chancal equa	ust hood	succes	_	12/15/22	
3 Curtains from kitchen to diving						9	1440		
			1001	ro are succe				' / /	
NOT	E	X	Set	WIC temperatu	u to 35-3	8°F			
Received by			printed):	oc , cargo was		spected by (name an	d title printed):		
	2	\cdot	1	7	A	ndrew Mi	Tler, E	THS	
Received by):			Įη	spected by (signature	e): , ,	The state of the s	
Cel	19	Lin	١		U	maren :	Miller	U .	
cc:				cc:	C	c:			
1									